Evaluating and Enhancing the Reach and Dissemination of Health Promotion Interventions: The Behavior Change Consortium (BCC)

Survey of Potential Program Adoptees

Specific Aims

The purpose of the proposed study is to develop and administer a survey to potential health promotion program adoptees to better understand the factors influencing adoption, implementation, and maintenance of behavioral change programs in settings such as schools, health care facilities, worksites, and community organizations. The information gathered from the survey can be used 1) to improve the translation of intervention programs to these settings based on the perspective of potential program adoptees, 2) to help researchers and program developers address key adoption factors in their program development and evaluation, and 3) to inform development of strategies to improve communication and collaboration between health promotion researchers and potential program adoptees.

With this background, we propose the following sequential specific aims:

Aim 1: Develop a survey instrument to administer to potential program adoptees of health promotion interventions in BCC communities

Aim 2: Administer survey in formative stages to BCC investigators and selected settings in Memphis, TN for comments and revision of items.

Aim 3: Administer the survey to potential program adoptees stratified by school, health-care facilities, worksites and community-based organizations. The sample is proposed to include BCC study settings, BCC settings that were approached but did not agree to participate in the BCC research project, and other settings identified by BCC members as potential adoptees.

Aim 4: Using information obtained from the survey administration, a) develop recommendations for program development and evaluation, communication strategies, and methods to improve adoption, implementation, and maintenance of health promotion programs and b) inform a later national meeting of representatives and decision-makers from applied settings.

Background & Significance

Empirical studies of dissemination of health promotion programs are available (see King, Hawe, and Wise, 1996 and Oldenburg et al., 1999; 2000). However these studies often rely on descriptive methodology and are not often rigorously tested or systematically designed. While theory testing and research stages to achieve knowledge in dissemination of health promotion programs have been introduced and discussed, such models have not been widely adopted by the research community.

One such model of dissemination was outlined by Basch (1984) who proposed a progression of research stages for dissemination of health education programs in school settings. These recommendations are applicable within a larger context of health promotion. The proposed stages for dissemination research include:
> 1) develop concepts and methods to research targeted variables
> 2) develop valid measurements of program implementation and dissemination
> 3) identify and measure key risk and enabling factors for implementation and dissemination
> 4) develop effective programs that are also feasible to disseminate and implement
> 5) compare the efficacy and efficiency of various methods of disseminating programs

While an increasing number of funding agencies are making resources available to study the dissemination of prototype health promotion programs, work in this area continues to stem from the perspective of the researcher rather than the view of the practitioner or potential program adoptees. This study seeks to survey potential program adoptees of health promotion programs to identify key factors related to dissemination. Enhancing our knowledge of such factors will aid researchers in the manner in which they approach potential program adoptees, how they design and evaluate their programs, and methods to enhance communication to improve dissemination of programs.

Methods
Survey Development

We propose to develop the survey instrument in three phases: item generation, survey pre-testing, and item revision and reduction. Item generation will derive from theoretical models as described below, as well as from existing literature and assessments of organizational stage theory, diffusion and adoption/maintenance processes. Informant surveys and interviews with BCC investigators and potential program adoptees in Memphis, Tennessee will be conducted for confirmatory purposes. These groups will be asked to generate items and to provide feedback on the initial item set. Finally, item revision and reduction will consist of removing redundant items and revising items that show poor measurement characteristics.

In formative stages of the survey development, we plan to generate items that focus on the following measurement domains based on organizational staging and theories of organizational change (see Beyer & Trice, 1982; Goodman, Steckler, & Kegler, 1997):

1. Awareness - perceived problem or unsatisfied demand on system
   - *problem (i.e., need for health promotion) not perceived or risk assessment does not justify need for program*
   - *researcher-created demand*
   - *information faulty- anecdotal, not based on evidence*
   - *information available but messenger not trusted*
   - *preferred channels of communication to increase awareness*

2. Search for responses to problem – benefit of action/program
    - *benefits of offering program not perceived*
    - *availability of information on potential programs – channels of communication*
        --database of evidence-based programs (e.g., Cochrane collaboration)
        --"linking agents" persons to disseminate information to practitioners
        --evidence-based guidelines—consensus conference documents
    - *value ascribed to types of data/studies for review*

3. Evaluate Alternatives – review options of programs
    - *Credibility and background of provider*
    - *Cost: efficiency in that benefits outweigh the costs*
        -- consider initial (start-up) and maintenance
        -- value of aspects of cost e.g., dollars, staff, space, time from work
    - *Attributes of diffusion process (Rogers, 1983; see also Orlandi, 1986; Oldenburg et al., 1997)*
        --Relative Advantage: program is perceived as superior to existing practice; more beneficial than available alternatives
        --Complexity: difficulty with program implementation; the more easily communicated the better
        --Compatibility: program fits with previous experience or with organizational values; the more consistent program is with current environment the better
        --Trialability: can program be used on trial basis
        --Observability: observable results and ease of measurement
        --Impact on social relations: program disrupt the social environment
        --Reversibility: if program not working, the innovation can be discontinued and easily reversed
        --Communicability: program can be clearly and easily understood
        --Time required: program adoption requires minimal investment of time
        --Flexibility/Revisability: can program be "customized" or modularized for use by organization; the more robust the program across different settings and with modification or subdivision the better
        --Revisability: the easier the program is to adapt, the better
        --Commitment required: program effectiveness maintained with only modest commitment
        --Risk: program adopted with minimal risk and uncertainty of results
        --Modifiability: ability to update and modify program over time

4. Decision to Act – program/alternative identified
    - *Availability of information on program efficacy, efficiency and effectiveness*
    - *Local availability of program*
    - *Access to replication materials from successful programs*

5. Implementation –resources allocated, innovation carried out
    - *Capacity: program requirements to operate*
        --staffing for tx delivery
        --level of training of staff

--facilities required
--intervention materials
- *Communication with program designers – availability of technical assistance*

6. Institutionalization – program becomes routine in operations
   -Robust program – intervention effects are realized
   - "Ownership" – research initiated, collaborative exchange with program designer
   - *Sustainability – methods of program oversight and fidelity, can innovation be sustained as "routine"*
   - *resources not maintained, lack of program oversight, quality not maintained (benefits not accrued), self-assessment and program evaluation for feedback not in place to update program*
   - *Observability: changes can easily be seen by others/management*

Several moderating factors at the organizational and administrative level may also be important in understanding adoption and implementation of health promotion program and include:

- Size of organization (related to cost of program)
- Administrative "buy-in" for prevention/health promotion and institutional commitment at both executive level and for those responsible for implementation
- Stage of Adoption: Innovators, early adopters, early majority, late majority, laggards
- Existing health policies and those currently being discussed
- Stability and fiscal health of organization related to "risk-taking" and future orientation of organization
- Local "champion" of program
- History of previous successful/failed health promotion programs

In general the table below provides exemplar questions that are proposed for each concept described earlier. Questions will be tailored to be relevant to the type of organization being surveyed. Because questions will be worded differently for each type of survey, a qualitative rating system will be devised that categorizes each concept into a three category summarization (low, medium/moderate, or high). In this way, data can be compared between organizations and potentially used in combined analyses across organizations.

Concept	Exemplar Questions
Size	Number of employees, clinics, providers, enrollees, or students
Stability	Number of years in operation, growth (increase, stable, decrease) in size of organization, profits/budget over last 3 yrs (increase, stable, decrease); future plans for expansion/growth

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Commitment	Number and type of current and previous health promotion programs (exercise/fitness, smoking, nutrition, alcohol or other substance abuse, safety/injury prevention, other)
Health Policies	on-site exercise facilities, reduced-price fitness memberships, smoking policy, "heart healthy" foods
Stage of Adoption	Year health policy and health promotion programs offered
History	Number and type of health promotion programs that were not successful
Local "champion"	On-site health promotion coordinator or full-time health education staff; established relationship with academic institution

To preview the survey items, BCC investigators will be asked review the draft instrument to provide comments on the domains chosen, add domains not included and offer additional items to "operationalize" the domains. To pretest the survey, selected organizations of each type in Memphis, Tennessee will be approached to provide comments on the proposed survey. Administrators and health promotion coordinators, when available, will be asked to complete the survey. They will be asked to comment on the wording, content, and comprehensibility of items. The instrument will be revised by dropping problematic items, rewording confusing questions, or adding items based on comments of the pretest sample.

Survey Administration

The information in the table below was gleaned from study abstracts and has not been verified. Additionally, the number of organizations at each BCC site that are available to be surveyed is not currently available.

PI	Recruitment Sites for BCC	Location
Borelli	Health-care	Providence, RI
Charlson	Health-care	New York, NY
Clark	Community	Kingston, RI
Dzewaltowski	Schools	Manhattan, KS
Elliott	CBO – Firefighters	Portland, OR
Garrison	Clinics – Wellness Center	Memphis, TN
Jeffery	Community	Minneapolis, MN
King	Community	Palo Alto, CA
Peterson	Health-care – WIC	Cambridge/Boston, MA
Resnick	Health-care	Baltimore, MD
Resnicow	CBO – Churches	Atlanta, GA
Sher	Health-care	Chicago, IL
Strecher	Health-care	Ann Arbor, MI
Toobert	Health-care	Eugene, OR
Williams	Health-care, insurers, worksites	Rochester, NY

In preparation for survey administration, the aims of this survey project were presented to investigators at the January BCC meeting. Investigators discussed the pros and cons of administering the proposed survey to organizations in their community. Issues discussed

included: 1) respondent burden, 2) potential conflicts with their current study or concern for hindering future collaborations, 3) incentives to organizations to encourage their cooperation, and 4) approaches to maximize return rates in organizations identified to be included in the survey. In general, the project was well received and investigators agreed to assist in contacting potential survey respondents.

With the assistance of BCC investigators, we will attempt to target mailings to at least 6 organizations of each type, (i.e., worksites, schools, health-care facilities and community organizations) within the cities where BCC sites are located. We will request as target organizations those that have participated or are currently participating in research projects with BCC investigators as well as identification of organizations that have refused participation in the past. We will ask that each BCC site identify 2 organizations of each type that have agreed to participate in current or past projects and 2 organizations of each type that have refused such participation in the past or who have never been approached, for a total of 16 organizations. Allowing for a 70% participation rate by BCC sites, and a 70% return rate from organizations being surveyed, a yield of about 29 responses in each organization type should be obtained.

A copy of the proposed questionnaire will be e-mailed to each BCC site with a detailed explanation of the purposes of the survey. Following this communication, each BCC investigator will be asked to provide contact information for sites agreeing to participate in their BCC project or similar health promotion research projects. BCC investigators will also be asked to identify sites that were approached but declined to participate in their study and other potential program adoptees. As noted above, investigators may be asked to identify additional organizations in their community to be involved in the survey. For example, few BCC sites are using schools for recruitment so additional schools or school districts will need to be identified. Investigators will be fully informed of the purposes and timing of the survey so if questions are directed to them, they are prepared to answer.

BCC investigators will be asked to provide the local address for the Better Business Bureau or Chamber of Commerce in their area. BCC investigators will be asked to provide information for each organization as follows: type of setting, non-profit status, name of contacts and position at identified organization, and mailing address. In addition, 3-4 questions regarding organizations . In addition to type of setting, they will be queried on non-profit status,

Questionnaires will be mailed to identified settings with a detailed description of the purposes of the survey. Follow-up reminders and phone calls will be used and inexpensive incentives, for example internet resource guides on health promotion programs, could be sent to increase response rates. We hope to achieve a 70% return rate for this survey.

Analyses

Descriptive data on potential moderators for each organization will be given a qualitative rating that categorizes each concept into a three-category summarization (low, medium/moderate, or high). For example, worksite size will be based on number of employees whereas health system size will be based on number of clinics. In this way,

data can be compared between organizations and potentially used in combined analyses across organizations. Similarly, summation of the number of health promotion programs currently and formerly offered will be used to quantify the level of commitment to health promotion.

Descriptive methods of data analyses including percentages and averages will be reported to indicate the number of organizations responding to each item response. Additional, analyses will consist of stratifying responses by type of organization to determine if responses are different between these sites. Chi-square analyses will be used to test these group differences. If differences are found, results will be reported separately by type of organization. If responses are similar, surveys will be reported collectively.

Multivariable models will be analyzed using logistic regression methods to identify independent associations with various organizational characteristics and to control for potential confounding relationships. These analyses will also be scrutinized for potential interactions with type of setting.

APPENDIX MATERIAL

Appendix A

Appendix B

Drafted 12/04/00   Last Revised 03/13/01   Lisa M. Klesges

BCC: Survey of Potential Program Adoptees

Your Name: _____

BCC Project Site: _____

Thank you for agreeing to provide names and mailing addresses for organizations in your area that might be interested in completing our survey.

What is the address and phone number of your local Chamber of Commerce or Better Business Bureau Office?

Phone: _____

Address: _____

              _____

              _____

On the sheet attached we'd like you to list contacts and mailing addresses of organizations in your community to receive a survey. We are asking for 4 types of organizations: schools, health care system, worksites, and community-based organizations. By community-based organization we are seeking primarily non-profit and government service organizations e.g., police departments, children's services, faith-based organizations. Within each organization, we'd like to survey 1 upper-level executive and 1 mid-level manager, preferably familiar with health programs in their organization. The health promotion/education coordinator of an organization would be ideal to list as the "mid-manager".

Please identify two worksites that are currently or have previously participated in a project with you or that you feel would be an appropriate program adopter for health promotion programs.

Worksite #1   *Type of Worksite* _____

Name of Business: _____

Address: _____

_____

_____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

Worksite #2   *Type of Worksite* _____

Name of Business: _____

Address: _____

_____

_____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

Please identify two worksites that have refused participation in a project with you or that you feel would have difficulty with health promotion program adoption.

Worksite #3   *Type of Worksite* _____

Name of Business: _____

Address: _____

_____

_____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

Worksite #4   *Type of Worksite* _____

Name of Business: _____

Address: _____

_____

_____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

Please identify two community-based organizations (CBO) that are currently or have previously participated in a project with you or that you feel would be an appropriate program adopter.

Community-Based #1   *Type of Organization* _____

Name of Organization: _____

Address: _____

             _____

             _____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

Community-Based #2   *Type of Organization* _____

Name of Organization: _____

Address: _____

             _____

             _____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

Please identify two CBO's that have refused participation in a project with you or that you feel would have difficulty with health promotion program adoption.

Community-Based #3   *Type of Organization* _____

Name of Organization: _____

Address: _____

             _____

             _____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

Community-Based #4   *Type of Organization* _____

Name of Organization: _____

Address: _____

             _____

             _____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

Please identify health-care facilities that are currently or have previously participated in a project with you or that you feel would be an appropriate program adopter.

Health Facility #1   Type: HMO   Public Health   Private Provider   Other

Name of Organization: _____

Address: _____

_____

_____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

Health Facility #2   Type: HMO   Public Health   Private Provider   Other

Name of Organization: _____

Address: _____

_____

_____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

Please identify two health-care facilities that have refused participation in a project with you or that you feel would have difficulty with health promotion program adoption.

Health Facility #3   Type: HMO   Public Health   Private Provider   Other

Name of Organization: _____

Address: _____

_____

_____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

Health Facility #4   Type: HMO   Public Health   Private Provider   Other

Name of Organization: _____

Address: _____

_____

_____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

Please identify schools that are currently or have previously participated in a project with you or that you feel would be an appropriate program adopter.

School #1   *Type*:   Private/Independent   Public -- Urban   Public – Rural

Name: _____   Elementary   Middle-   High School

Address: _____

_____

_____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

School #2   *Type*:   Private/Independent   Public -- Urban   Public – Rural

Name: _____   Elementary   Middle-   High School

Name of School: _____

Address: _____

_____

_____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

Please identify two health-care facilities that have refused participation in a project with you or that you feel would have difficulty with health promotion program adoption.

School #3   *Type*:   Private/Independent   Public -- Urban   Public – Rural

Name: _____   Elementary   Middle-   High School

Name of School: _____

Address: _____

_____

_____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

School #4   *Type*:   Private/Independent   Public -- Urban   Public – Rural

Name: _____   Elementary   Middle-   High School

Name of School: _____

Address: _____

_____

_____

Executive Contact: _____   Mid-manager: _____

Title: _____   Title: _____

Survey of Program Adoptees (Worksite or CBO)

Part I. Instructions: [[XXX-Add instructions…]]

1.   How many people are currently employed at your local worksite?

    € < 25   € 25-50   50-100   101-300   ∝ > 300

2. How long have you been in operation?

    € < 1 year   1-2 year   3-5 years   ∝ 5-10 years φ > 10 years

3. Over the past *three* years, what best describes your organization?

	Improved	*No Change*	*Worsened*
a) number of employees	∀	∀	∀
b) annual budget	∀	∀	∀
c) management structure	∀	∀	∀
d) employee assistance programs	∀	∀	∀
e) employee benefits	∀	∀	∀

4. Are you currently providing health promotion programs in your organization?

    ___ No (Go to #5)   ___ Yes (Go to 4a below).

   4.a. Check all programs currently being offered in your organization:

    exercise/fitness   nutrition education   smoking cessation

    alcohol dependency   drug dependency   safety/injury prevention

    stress management   other (please describe): _____

5. Have you provided health promotion programs in the past that have not been continued?

    ___ No (Go to #6)   ___ Yes, (Go to 5a. and 5b. below)

   5.a. Check all programs offered in the past 2 years.

    exercise/fitness   nutrition education   smoking cessation

    alcohol dependency   drug dependency   safety/injury prevention

    stress management   other (please describe): _____

   5.b. How important were the following elements in why the most recent program was discontinued.

	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree
Lack of funds	1	2	3	4	5
Staff not available to manage	1	2	3	4	5
Didn't seem to be making a difference	1	2	3	4	5
Lack of participation	1	2	3	4	5
Space requirements	1	2	3	4	5
Lack of support from management	1	2	3	4	5
Other barriers	1	2	3	4	5

(please describe) _____

5. Do you currently have an on-site coordinator for health programs?   ___ No   ___ Yes

Survey of Program Adoptee (Health-Care Facilities)

Part I. Instructions: [[XXX-Add instructions…]]

1. How many clinics are in your local system?

    € < 3   € 3-5   6-8   9-11   ∀ > 12

2. How long have you been in operation?

    € < 1 year   1-2 year   3-5 years   ∝ 5-10 years φ > 10 years

3. Over the past *three* years, what best describes your organization?

	Improved	*No Change*	*Worsened*
a) number of clinics in your system	∀	∀	∀
b) number of enrollees in your system	∀	∀	∀
c) annual budget	∀	∀	∀
d) management structure	∀	∀	∀
e) patient outreach programs	∀	∀	∀
f) enrollee benefits	∀	∀	∀

4. Are you currently providing health promotion services to your enrollees?

    ___ No (Go to #5)   ___ Yes (Go to 4a and 4b below).

   4.a. Check all services offered in the past 2 years.

exercise/fitness	nutrition education	smoking cessation
alcohol dependency	drug dependency	safety/injury prevention
stress management	other (please describe): _____	

   4.b. How important were the following elements in why the most recent service was discontinued.

	Strongly Agree	Agree	No opinion	Disagree	Strongly " Disagree
Lack of funds	1	2	3	4	5
Staff not available to manage	1	2	3	4	5
Didn't seem to be making a difference	1	2	3	4	5
Lack of participation	1	2	3	4	5
Space requirements	1	2	3	4	5
Lack of support from management	1	2	3	4	5
Other barriers	1	2	3	4	5
(please describe) _____					

5. Does your organization have training programs or CME available to providers on evidence-based prevention practice guidelines: ___ No ___ Yes (Check all that apply below):

smoking cessation/prevention	physical activity
violence screening	drug/alcohol abuse
other, please describe _____	

6. Do you currently have a health promotion coordinator on-site? ___ No ___ Yes

Survey of Program Adoptee (Schools)

Part I. Instructions: [[*XXX-Add instructions…*]]

1. Which best describes your school?

     Independent   Public – Urban   Public - Rural

2. How many schools are in your district/system?

     € < 5   € 6-11   12-17   18-23   ∀ > 24

3. Over the past *three* years, what best describes changes in your organization?

	Improved	*No Change*	*Worsened*
a) number of schools in your system	∀	∀	∀
b) number of students in your system	∀	∀	∀
c) annual budget	∀	∀	∀
d) management structure	∀	∀	∀
e) employee benefits	∀	∀	∀
f) student services programs	∀	∀	∀

4.   Are you currently providing health promotion programs in your school?

     ___ No   (Go to #7)   ___ Yes (Go to 6a below).

  6.a. Check all programs currently being offered in your organization:

     exercise/fitness   nutrition education   smoking cessation

     alcohol dependency   drug dependency   safety/injury prevention

     anger management   other (please describe): _____

5.   Have you provided health promotion programs in the past that have not been continued?

     ___ No   (Go to #8)   ___ Yes, (Go to 7a and 7b below)

  7.a. Check all programs offered in the past.

     exercise/fitness   nutrition education   smoking cessation

     alcohol dependency   drug dependency   safety/injury prevention

     anger management   other (please describe): _____

  7.b. How important were the following elements in why the most recent program was discontinued.

	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree
Lack of funds	1	2	3	4	5
Staff not available to manage	1	2	3	4	5
Didn't seem to be making a difference	1	2	3	4	5
Lack of participation	1	2	3	4	5
Space requirements	1	2	3	4	5
Lack of support from management	1	2	3	4	5
Other barriers	1	2	3	4	5

 (please describe) _____

9. Are health coordinators/educators currently available in your school? ___ No ___ Yes

PART II – [[XXX-TO BE COMPLETED BY ALL ORGANIZATIONS]]

Instructions: Now we would like your opinions regarding….

1. **Please rate the following items regarding health promotion programs in your organization. Circle one response for each statement.**

"My organization is …."	Strongly Disgree	Disagree	No Opinion	Agree	Strongly Agree
… familiar with health program options	1	2	3	4	5
… interested in learning about program options	1	2	3	4	5
… interested in adopting programs	1	2	3	4	5
… reviewing options for adopting a new program	1	2	3	4	5
… trying to maintain current programs	1	2	3	4	5
… interested in improved access to researchers	1	2	3	4	5

2. **How would you prefer to receive news about availability of new health promotion programs that might apply to your organization?**

	Dislike it a Lot	Dislike a Little	Neutral	Like it a Little	Like it a Lot
a. E-mail notification or list-serve	1	2	3	4	5
b. Printed updates or newsletters	1	2	3	4	5
c. In-person briefing	1	2	3	4	5
d. "Best practices" review documents	1	2	3	4	5
f. Trade magazines	1	2	3	4	5
g. Presentations at conferences	1	2	3	4	5
h. Other (please describe)	1	2	3	4	5

_____

4. **Please rate how credible you think each source of information regarding new health promotion programs would be.**

"Source would be credible…."	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
a. Colleagues familiar with a program	1	2	3	4	5
b. Presentation at professional meeting	1	2	3	4	5

c. Trade magazine or newsletter description	1	2	3	4
5				
d. News story in popular press	1	2	3	4
5				
e. Research or scientific evidence	1	2	3	4
5				
f. Trusted employee of your organization	1	2	3	4
5				
g. Board of Directors/Trustees	1	2	3	4
5				

5. In providing health promotion programs in your organization, how valuable do you think the following would be? Please rate your level of agreement with the importance of the following.

"Has value and importance…"	Strongly Disagree	Disagree	No Opinion	Strongly Agree	Agree
a. Increasing participant productivity	1	2	3	4	5
b. Creating a safe and healthy environment	1	2	3	4	5
c. Marking a commitment to innovation & best practice	1	2	3	4	5
d. Improving public relations	1	2	3	4	5
e. Fitting our philosophy of wellness	1	2	3	4	5
f. Producing documented behavior change results	1	2	3	4	5
g. Responding to accreditation requirements	1	2	3	4	5
h. Improving morale	1	2	3	4	5

6. In making decisions about adopting health promotion programs, how much difficulty does your organization have with locating the following elements?

"Would be difficult to…."	Strongly Disagree	Disagree	No Opinion	Strongly Agree	Agree
a. Identify areas of need in your organization	1	2	3	4	5
b. Find information to compare program options	1	2	3	4	5
c. Locate trusted or reliable sources of information	1	2	3	4	5

d. Find relevant information for your organization   1   2   3   4   5

e. Obtain full description of program costs   1   2   3   4   5

f. Find resources for evaluating outcomes   1   2   3   4   5

g. Obtain detailed information on time, staffing, space, 1   2   3   4   5

   and other required commitments to start-up

h. Find examples of implementation of programs   1   2   3   4   5

   in organizations such as mine

i. Locate information on "lessons" learned from others   1   2   3   4   5

   who have used program

j. Access technical assistance for programs is difficult 1   2   3   4   5

8. In thinking about the following attributes of health programs, how would you rate the importance of each element in implementing a program.

	Strongly Disagree	Disagree	Disagree	No Opinion	Agree	Agree

"Important for implementation…."

a. Cost (staff, time, space, etc.) to start-up program   1   2   3   4   5

c. Program can be modified to local specifications   1   2   3   4   5

d. Disruption of current organizational practices   1   2   3   4   5

e. Program can be used on a trial basis   1   2   3   4   5

f. Results of program occur quickly   1   2   3   4   5

g. Acceptability to organization members   1   2   3   4   5

h. Program can be easily discontinued   1   2   3   4   5

i. Results are easily noticed by management   1   2   3   4   5

j.   Other important attributes   1   2   3   4   5

(please describe) _____

7.   In maintaining health promotion programs over time, what is your level of concern regarding the following.

	Very Concerned	A Little Concerned	Neutral	A Little Unconcerned	Very Unconcerned
a. Costs to maintain program	1	2	3	4	5
b. Adhering to program goals	1	2	3	4	5
c. Maintaining program impact	1	2	3	4	5
d. Lack of participation in program	1	2	3	4	5
e. Measuring outcomes	1	2	3	4	5
f. Qualified staff to oversee	1	2	3	4	5
g. Lack of management support	1	2	3	4	5
h. Other concerns	1	2	3	4	5

(please describe) _____

8. What other concerns and considerations do you have in **adopting** health promotion programs that were not asked in this survey?

11. What other concerns and considerations do you have in **maintaining** health promotion programs that were not asked in this survey?

12. What recommendations would you offer to "close the gap" between researchers and organizations similar to yours?